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ABSTRACT

This paper describes a pilot project designed to provide a training and implementation program for volunteer, paraprofessional facilitators of a marriage and family intervention method known as Structured Enrichment. The intervention, which was designed to teach couples and families to negotiate specific problem issues in their relationships, is described. The rationale for the training project, which involved the collaborative efforts of a graduate family psychology program and a private community counseling center, is discussed. The format (six consecutive weekly sessions of 1 hour and 30 minutes each) and consecutive weekly sessions of 1 hour and 30 minutes each) and contents of the training program are outlined, including the setting, the personnel, and the training procedures for volunteer leaders. The selection of enrichers (facilitators) is discussed, and a description of the three couples and one family who participated as program clients is provided. Supervision of the paraprofessionals is described in a two-tier format: trainer/volunteer meetings ("enrichers" met with trainers and trainers then met with the project supervisor), and comparison of clients' pre-test/post-test scores. Clients' and therapists' reactions to the program are described, and suggestions for improving future programs are noted. (JAC)

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Structured Enrichment: Training and Implementation with Paraprofessionals*

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Abstract

A pilot training and implementation program of Structured Enrichment involving mental health center volunteers and university personnel was conducted. The following components are described: (1) the general content of Structured Enrichment, (2) the format and procedures of training and supervision, and, (3) general outcome. Suggestions for the improvement of future programs are noted.

Key Concepts: Training paraprofessionals, Enrichment

In the past decade, there has been an increased demand for mental heath service delivery in all sectors of the American population (Goldstein & Horowitz, 1975). Unfortunately, the diminishing budgets of numerous mental health treatment facilities throughout the country have made it difficult to meet this increased demand for services due to reductions in professional staff. The burden of reduced manpower is compounded when one considers the often prohibitive costs of treatment. Currently, as a direct result of economic inflation, treatment costs in many mental health settings exceed the average client's ability to pay. Economic constraints have cast into bold relief the imminent need for cost-effective and accountable models of mental health services delivery.

An underutilized, though potentially rich source of manpower exists in the increased implementation of service formats that involve paraprofessionals who work under the supervision of more experienced personnel. The extent and impact of the use of paraprofessionals within the mental health system has already been articulated by many others (see e.g., Balch & Solomon, 1976; Danish & Brock, 1974; Duncan, et. al., 1978; Gartner & Riessman, 1974; Karlsrusher, 1974; Matarazzo, 1971; Nash, et. al., 1978).

The purpose of this paper is to describe a pilot project involving the collaborative efforts of a university graduate family psychology program and a private community counseling center to provide a training and implementation program for paraprofessional volunteer conductors of a structured form of marriage and family intervention known as Structured Enrichment.

Rationale for Use of Structured Enrichment

Structured Enrichment (SE) (L'Abate, 1975a, 1975b, 1981) is a systematic method of intervention that is comprised of structured, pre-planned pro-

grams. Structured Enrichment consists of three manuals containing some 70 programs for couples and families that address a number of diverse issues relevant to marriage and the family, e.g., negotiation, fair fighting training, assertiveness, financial management.

Each program consists of three to six lessons. A lesson contains five to six exercises which the facilitator ("Enricher") reads to the participants. The exercise instructions range from simple questions, e.g., in the "Negotiation" program (L'Abate, 1975, p. 164), exercises range from those that require simple responses, e.g., "When did you last make a mistake and admit it openly?" to those that require somewhat more intense interpersonal involvement, e.g., "Are there areas that you do not feel that you can be honest with your partner about?"

Each program is designed to experientially teach couples and families to negotiate specific problem issues in their relationship. Each SE program is usually conducted in eight one-hour sessions. The first session is to establish rapport with the participants and to administer a battery of pretests. In the second session the participants are presented with three potential programs from which one will be selected. Sessions two through seven consist of the actual SE lessons. The participants complete the posttest at the end of the session. The eighth and final session is used to solicit feedback from the participants regarding satisfaction with the program and also to give the participants recommendations. Recommendations may include a therapy referral, continued SE with another program, or no further interventions at the present time.

Structured Enrichment was selected as an adjunct to therapy with couples and families for several reasons. First, there is some evidence to suggest that dysfunctional couples and families experience common symptoms, such as

lack of negotiation skills, non-assertiveness, and inability to resolve conflicts (L'Abate, 1981; Miller, 1975). As Alexander and Parsons (1982) have recently contended, helping couples and families involves crisis intervention through therapy and skill building through education. The process of Structured Enrichment is one that promotes understanding of various aspects of relationships through participation in theme-focused exercises. Enrichment programs address these areas in a structured format and have shown modest effectiveness with clinical populations (Wildman, 1977). Secondly, the use of Enrichment in the training of graduate students, many of whom had no previous clinical experience, suggests that these very structured procedures could be adequately learned in a relatively brief time (Jessee & L'Abate, 1981). Third, the literature related to the effectiveness of paraprofessional helpers implies that results can be obtained using paraprofessional treatment personnel. For example, Durlak (1979) surveyed 42 studies comparing the effectiveness of professional and paraprofessional helpers. His review noted that, "Paraprofessionals achieve clinical outcomes equal to or significantly better than those obtained by professionals."

Setting and Personnel

The Enrichment training program was implemented at a private, non-profit, community counseling center located in Metropolitan Atlanta. The agency offers individual, couple, and family counseling, and training for students, professionals, and volunteers.

A Volunteer Coordinator, who is a professional counselor, supervises approximately 20 volunteers who provide telephone crisis counseling and referral, educational group facilitation, and outreach programs. Volunteers are selected from applicants with a variety of skills and backgrounds. All

applicants complete an eight week basic counseling skills course, after which volunteer staff are selected. Each volunteer staff member is then supervised weekly by a clinical staff member and participates in an ongoing training group.

The Enrichment trainers were two Ph.D. clinical psychology candidates in the Family Psychology program at Georgia State University who worked under the guidance of the Director of the Family Psychology program.

TRAINING PROCEDURES

Format

An initial meeting was held with the volunteers, the Volunteer Coordinator, the graduate trainers, and the Family Psychology program director. This meeting was conducted to help establish rapport with the group and to present the idea of Enrichment training for the volunteers' consideration. The volunteers met once after this session and agreed to participate in the training as a group with the graduate trainers reserving the right to select those individuals who would actually conduct the Enrichment program with clients.

Training was conducted for six consecutive weekly sessions of approximately one and one-half hours each. Attendance of each weekly session was mandatory. To facilitate attendance at sessions the volunteers, prior to their participation in the training were informed of the number of weeks and hours involved and were asked to commit such time. Only those volunteers who agreed to attend all sessions were selected to participate in the program.

Content

The trainers provided an overview of Enrichment to the volunteers in the first two training sessions. Topics included the concept of pre and post testing as both a means of facilitating program selection and as a measure of accountability; an explanation of how programs are divided into lessons and exercises; and a comment on confidentiality. The third session consisted of the trainers' modeling Enrichers in a role play situation in which volunteers acted as a four member family. One full lesson was completed during the session with comments by trainers and questions from volunteer interspersed during the lesson. The fourth, fifth, and sixth sessions were devoted to behavioral rehearsal by the volunteers. Four groups of five volunteers, i.e., two "Enrichers" and a "family" composed of mother, father, and child per group, selected a lesson to role play during the training session. This procedure was continued for three consecutive weeks until all volunteers participated as both Enricher and family member. The trainers circulated among groups during this time to observe and critique the performance of the Enrichers in addition to answering questions concerning the process of Enrichment.

Several basic guidelines were given to the enrichers regarding their behavior during an actual session. First, no substantive changes of the program were allowed any given session, as a means of controlling the presentation of stimuli to the clients. Changes, however, were permitted in language to better suit the clients' level of comprehension. Second, comments made by the family members which were not relevant to the lesson and potentially volatile would be stopped by the Enricher. For example, if a spouse began to deviate from the exercise by complaining about his/her partner, the Enricher would tactfully suggest that their therapist should be

made aware of the issue in the next session. The Enricher would note the issue and report it to the therapist. No attempt would be made to process these comments with couple or family. Third, Enrichers were directed to foster the production of responses by family members without making judgmental comments. Responses were solicited from each participant without prodding or demanding their interaction.

As a result of questions generated by the volunteers during the role playing, the seventh training session was devoted to an Enrichment role play in which the graduate student trainers acted as Enrichers for a group of resistant and pathological family members. This session was conducted to demonstrate how to structure a session when children began to actively quarrel and parents openly blamed one another. This session was important in that it helped allay performance anxieties of the volunteers. The eighth and final training session consisted of a review of all material covered during previous sessions, with an emphasis on how to conduct the follow-up session after completion of the formal lessons.

Selection of Enrichers

Upon completion of the training program Enrichers were selected and assigned to work in pairs based on their demonstrated skill in role playing and compatibility exhibited during training. Skills demonstrated by the volunteers were assessed and final selection of Enrichers were determined by the graduate trainers with approval of the supervisor. The purpose and methods of Enrichment were described to the professional staff as a means of soliciting referrals from their clinical caseload or from other community contacts. Structured Enrichment was presented to be used as an adjunct to the marriage or family therapy being provided by the therapists. It was suggested

that therapists would refer clients who could benefit from the acquisition of a particular skill or the reinforcement of a skill that was being obtained during therapy. Though all clients were clinical in the sense that they were being seen in therapy, no clients were included who did not meet criteria previously established for inclusion in Enrichment (L'Abate, 1977). That is, no couples or families who were very chaotic or in crisis, e.g., death, suicide, divorce, abandonment, were included. Couples or families who initially appeared uncooperative or resistant would be excluded, as would those persons who displayed symptomatology that demanded only professional intervention, e.g., psychotic, paranoid, or psychosomatic syndromes. Information regarding the clients referred was gathered from the therapists and the volunteers. The final determination of whether clients were suited for SE was made by the project supervisor following discussion of clients with trainers and the Volunteer Coordinator. Since differing opinions of client appropriateness for Enrichment can and did occur during the program between therapists, volunteers, and trainers, a clear statement regarding the project supervisor's role in making the final selection of clients was made in an effort to prohibit potential conflict in this area.

Description of Clients in Structured Enrichment

Three couples and one family participated in Enrichment. The family consisted of a mother, father, ten-year-old son, and eight-year-old daughter. The family was Jewish, upper class, and well educated. The middle-aged parents had been married for 12 years. The father, an obese man, had previously been in treatment with a psychiatrist due to problems presumably generated by his work. Their current family therapist referred them for Structured Enrichment since they were experiencing communication

difficulties. One of the couples participating in Enrichment was elderly (aged 69) and retired. Enrichment was suggested to them based on their request to improve their relationship. Another couple was referred by their therapist to work on negotiation skills. This couple was young (each 23 years) married for one and one-half years, and childless. The third couple, wife age 31 and husband age 29, was married for six years and had two children, ages 4 and 2. Both spouses were college graduates and pursuing careers. They were referred for Enrichment to learn to more appropriately resolve conflict and express feelings.

SUPERVISION

Two-tier format

The goal of the supervisory process was to insure accountability for the actions of all persons who participated in the project. This goal was achieved through a format whereby which Enrichers met with two trainers for one and one-half hours per week to discuss their cases. The trainers then met with the project supervisor weekly to review various aspects of the previous supervision session that had been held with the volunteers. An important aspect of this format was the liaison role of the trainers between the two institutions. This role required trainers to be able to adequately convey and present information to both their supervisor and the volunteers. Also, the trainers needed to be cognizant of the salience of maintaining their position of authority in supervising the volunteers, in a manner of congeniality and mutual respect. Finally the project director's role of being the "final authority" was made clear to both the agency and trainers in order to insure appropriate functioning of this hierarchical format.

Supervision Meetings between Trainers and Volunteers

Discussion of the cases with volunteers was conducted in a weekly group. Enrichers were required to maintain notes of all sessions. Specifically, volunteers were instructed to write down the participants comments during a session. Since all Enrichment was conducted with Co-Enrichers, the Enrichers alternated between presenting an exercise and writing down responses. The major focus of supervision was tailoring the programs to the participants' needs based on: the pre-test results, the subjective reactions of the Enrichers based upon their interaction with the client, and the changing recommendations of the therapists. Such information was conveyed by the trainers to the supervisor and selection of appropriate enrichment lessons were then made.

An important issue that was addressed during supervision was the Enrichers' desire to intervene in a less structured fashion. Enrichers would feel frustrated when an exercise would not allow ample closure of an emotional issue. Since the integrity of the structured format would be violated by allowing free responding by the Enrichers the trainers insisted that they refrain from making additional comments. Frequent reminders that Enrichment was not unstructured therapy helped to facilitate this goal.

Trainees and Supervisor

The two graduate trainers met with the project supervisor for one hour each week. Supervision was concerned with the Enrichers' conduct of the cases and with the trainers function in the role of supervisors. Issues that were considered included the trainers' ability to closely monitor the volunteers performance, program selection, reported family reaction to lessons, and any questions or issues that may have arisen during the previous volunteer supervision session.

Comparison of Pre- and Post-test Results

Two objective instruments were used to facilitate program selection and measure changes based on Enrici ment. These instruments were the Family Environment Scale (Moos, & Moos, 1981) and the Family Adaptability and Cohesion Evaluation Scales (FACES) (Olson, et al, 1979). These tests measure family characteristics such as cohesion, adaptability, expressiveness, conflict, etc, which provided information concerning problem areas which may be addressed via specific Enrichment programs, e.g., the lesson "Sharing One's Feelings," (L'Abate, 1975, p. 137) may be used with a family whose score indicated difficulty in expression of emotions.

In comparing the pre and post tests results obtained on the FACES all four client groups demonstrated slight positive changes from pre to post-test on the two scales of adaptability and cohesion. Similarly, results obtained by all members on the FES demonstrated slight positive changes from pre to post tests. Although results indicate only minimal changes, these findings are encouraging since no family member exhibited highly deviant scores on the pre-test. The current design, i.e., Structured Enrichment conducted concurrently with therapy, does not allow one to ferret out the relative effects of the paraprofessionals' interventions. However, the results are noteworthy in light of previous research as cited in L'Abate (1977) which demonstrated the incremental benefits of Structured Enrichment plus therapy over therapy alone.

REACTIONS TO THE PROGRAM

Verbal self report data from all participants regarding program was positive. Clients praised satisfaction with both the format and content of

Enrichment. Since attendance was voluntary, their loyal participation throughout all sessions lends credence to these subjective reports of satisfaction. Reports from the therapists were also positive, and in all cases the therapists were eager to refer other clients for Enrichment. The volunteers were pleased with the training program, supervision, and their participation with clients. It is also important to note the volunteer's willingness to participate in this program which had no tangible reinforcers. The graduate trainers were satisfied with the opportunity to enhance their training experience through the supervision of persons in the community. This experience was considered invaluable in that it provided an opportunity for the students to learn not only clinical skills but also skills in training and supervising others.

The goal of this pilot program was two-fold. The first goal was to conduct a structured intervention applicable to clinical clients that could be implemented by paraprofessionals. The second goal was to demonstrate that such a program can be useful and beneficial as an adjunct to therapy. Using as a basis of judgment the positive comments by participants, clinical observations, direct Enrichment responses, test measures, and therapist's impressions of their client's progress it appears that both initial goals were successfully attained.

Though results of the pilot project were encouraging, a number of deficits emerged that will be addressed in subsequent training and implementation programs of Structured Enrichment in community settings. One of these deficits involves the use of a research design that allows for explicit testing of Structured Enrichment in the context of the mental health center. This could be accomplished through the use of matched clinical groups with one group receiving therapy and another group receiving therapy plus Structured Enrichment.

A second major area to be addressed in future programs concerns the ability to monitor the work of Enrichers through use of videotape feedback in training and supervision. This type of feedback would allow volunteers to more closely examine vocal inflections and nonverbal behavior that might imply undesirable coalitions with particular clients. Videotape would also facilitate supervision sessions by eliminating the social desirability inherent in self-report. An integral principle of training paraprofessionals is the accountability provided by closely monitoring the stimuli presented by them in the Enrichment sessions. By videotaping Enrichment sessions the trainers can easily validate that the paraprofessional has not gone beyond the prescribed boundaries implied by the content of a particular lesson.

CONCLUSIONS

The current austere economic climate demands prudent use of financial and human resources in the mental health delivery system. The collaboration of university and mental health center staff with paraprofessionals through the use of Structured Enrichment offers a cost effective and potentially valuable method for adjunctive mental health service to couples and families. The successful conduct of this project provides encouragement for continued efforts at refinement of training procedures and further empirical validation with couples and families.

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